

B1 (Official Form 1) (12/07)

United States Bankruptcy Court Northern DISTRICT OF Illinois				Voluntary Petition	
Name of Debtor Lee Delores				Name of Joint Debtor (Spouse)	
All Other Names used by the Debtor in the last 8 years				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names)	
Last four digits of Social-Security Complete EIN or other Tax-I.D. No. (if more than one, state all):				Last four digits of Social-Security Complete EIN or other Tax-I.D. No. (if more than one, state all):	
Street Address of Debtor (No. and Street, City, and State): 340 E. 38th St # 603 Chicago IL 60653 ZIP CODE				Street Address of Joint Debtor (No. and Street, City, and State): ZIP CODE	
County of Residence or of the Principal Place of Business:				County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): 340 E 38th St # 603 Chicago IL 60653 ZIP CODE				Mailing Address of Joint Debtor (if different from street address): ZIP CODE	
Location of Principal Assets of Business Debtor (if different from street address above): ZIP CODE				ZIP CODE	
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion				THIS SPACE IS FOR COURT USE ONLY 07-24134	

BI (Official Form 1) (12/07)

Page 2

Voluntary Petition (This page must be completed and filed in every case.)		Name of Debtor(s): <u>DeLores Lee</u>	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: <u>N/A</u>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). X <u>Signature of Attorney for Debtor(s)</u> (Date) _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input checked="" type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

B1 (Official Form) 1 (12/07)		Page 3
Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <u>Delores Lee</u>
Signatures		
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>Delores Lee</u> Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>Telephone Number (if not represented by attorney) <u>(973) 392-6255</u></p> <p>Date <u>12/21/07</u></p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>	
<p style="text-align: center;">Signature of Attorney*</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Signature</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>	
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>		

Official Form 1, Exhibit D (10/06)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Delores Lee
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

Official Form 1, Exh. D (10/06) – Cont.

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]* *[Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

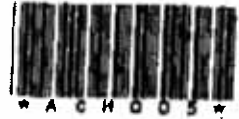
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Delores Gae

Date: 12/21/07

0ch - F



Account number: **07100-2529-0101**

Issuer/Creditor: **Fast Cash Advance, Inc**

Address: **10311 W Roosevelt Rd**

City: **West Chester St IL** Zip: **60254**

Phone: **708-344-6100**

Balance: **503.55** Original Payment: **350.00** **INTEREST** Original APR: **1**

* Agency Use Only
Payment: **503.55**
Next Payment: **220.71**

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other

Primary account holder: ☐ Primary ☐ Co-Client

Original Acct number: Original Issuer:

Account number: **51645-41825-91**

Issuer/Creditor: **First Cash Advance**

Address: **1916 E 95th St**

City: **Chicago St IL** Zip: **60617**

Phone: **773-731-7170**

Balance: **780.00** Original Payment: **300** **INTEREST** Original APR: **1**

* Agency Use Only
Payment:
Next Payment:

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other

Primary account holder: ☐ Primary ☐ Co-Client

Original Acct number: Original Issuer:

Account number: **11111-11111-11111**

Issuer/Creditor: **Allied Cash Advance Nbr 220**

Address: **4802 Indianapolis Blvd**

City: **East Chicago St IN** Zip: **46312**

Phone: **219-378-9231**

Balance: **299.00** Original Payment: **244.00** **INTEREST** Original APR: **1**

* Agency Use Only
Payment:
Next Payment:

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other

Primary account holder: ☐ Primary ☐ Co-Client

Original Acct number: Original Issuer:

MX507

Sch-F



Revision: 0

Account number: [Grid]

Issuer/Creditor: Lender American Cash Loans
Address: 555 Florence Ave
City: Calumet St: IL Zip: 60409
Phone: 708 868-9747
Balance: 1,178.10 Original Payment: INTEREST

* Agency Use Only
Payment: []
Next Payment: []

* Original APR: []

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other

Primary account holder: ☐ Primary ☐ Co-Client

Original Acct number: [] Original Issuer: []

Account number: [Grid]

Issuer/Creditor: Phychy Loans
Address: 10352 Roosevelt Rd
City: Westchester St: IL Zip: 60159
Phone: []
Balance: 878.00 Original Payment: 500.00 INTEREST

* Agency Use Only
Payment: []
Next Payment: []

* Original APR: []

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other

Primary account holder: ☐ Primary ☐ Co-Client

Original Acct number: [] Original Issuer: []

Account number: [Grid]

Issuer/Creditor: 211 Title Loans, Inc
Address: 473 Florence Ave
City: Calumet St: IL Zip: 60409
Phone: 708 891-2644
Balance: 100 Original Payment: 115.00 INTEREST

* Agency Use Only
Payment: []
Next Payment: []

* Original APR: []

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other

Primary account holder: ☐ Primary ☐ Co-Client

Original Acct number: [] Original Issuer: []

MX507

Sch F



Account number: 416110-210316-811
Issuer/Creditor: National Quick Cash
Address: 1451 Sidley Rd
City: Cal-City, St: IL Zip: 60409
Phone: 708-832-0750
Balance: 330 Original Payment: *INTEREST*
Original APR: *
Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other
Primary account holder: ☐ Primary ☐ Co-Client
Original Acct number: Original Issuer:

Account number: 113210-410816-5
Issuer/Creditor: Check-in Go
Address: 3125 S Ashland Ave
City: Chicago St: IL Zip: 60608
Phone: (773) 843-9200
Balance: 381.00 Original Payment: *INTEREST*
Original APR: *
Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other
Primary account holder: ☐ Primary ☐ Co-Client
Original Acct number: Original Issuer:

Account number: [Blank]
Issuer/Creditor: AUDA Sys-Incorporation
Address: 3696 Elmerton Rd Sult 200
City: Clearwater St: FL Zip: 33762
Phone: (727) 571-1945
Balance: 810.00 Original Payment: *INTEREST*
Original APR: *
Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other
Primary account holder: ☐ Primary ☐ Co-Client
Original Acct number: Original Issuer:

MX507

Sch-F

Financial Solutions. Proven Results.

Revision: 0



Account number: 4990-91057
* Issuer/Creditor:
Address: P.O. Box
City: Tampa St: FL Zip: 33630-3031
Phone: (866) 838-6092
Balance: 1,000 Original Payment: INTEREST
* Original APR:
Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other
Primary account holder: ☐ Primary ☐ Co-Client
Original Acct number: Original Issuer:

Account number: 1880-725
Issuer/Creditor: Yarrak Casino
Address: 151 N. Soliet
City: Soliet St: FL Zip: 60432
Phone:
Balance: 7000.00 Original Payment: INTEREST
* Original APR:
Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other
Primary account holder: ☐ Primary ☐ Co-Client
Original Acct number: Original Issuer:

Account number: 0064-8380-8
Issuer/Creditor: Krogercheck Recovery Center
Address: P.O. Box 30650
City: Salt Lake St: UT Zip: 84130-0650
Phone: (800) 917-6404
Balance: 98.44 Original Payment: INTEREST
* Original APR:
Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other
Primary account holder: ☐ Primary ☐ Co-Client
Original Acct number: Original Issuer:

MX507

Schedule F



Account number: 3907323390184
 Issuer/Creditor: Corporate Office
 Address: 5251 Westheimer
 City: Houston TX Zip: 77056
 Phone: 7137567049
 Balance: 525.00 Original Payment: *INTEREST* Original APR:
 Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr/Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other
 Primary account holder: ☐ Primary ☐ Co-Client
 Original Acct number: Original Issuer:

Account number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Issuer/Creditor: **AFT**

Address:

City: **Chgo** St: **IL** Zip: [] [] [] [] [] []

Phone: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Balance: **1000.** Original Payment: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

* Interest *
Original APR: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr./Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other _____

Primary account holder: ☐ Primary ☐ Co-Client

Original Acct number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Original Issuer: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Account number: 5287-2246-1958-41013

Issuer/Creditor: Washington Mutual

Address: 3501 S. King Dr

City: Chgo St: IL Zip: 60653

Phone: _____

Balance: 193.00 Original Payment: _____

Original APR: INTEREST

Issuer Type: ☐ Credit Card/Store Card ☐ Bank Loan ☐ Student Loan ☐ Dr./Hospital ☐ Coll. Agency ☐ Debt Buyer ☐ Other _____

Primary account holder: ☐ Primary ☐ Co-Client

Original Issuer: _____

Original Acct number: _____

MX507 (5)

06-05363 Delores Lee
Case type: bk **Chapter:** 13 **Asset:** Yes **Vol:** v **Judge:** Jacqueline P. Cox
Date filed: 05/11/2006
Date terminated: 11/06/2006 **Date of last filing:** 11/06/2006

Creditors

Allied Inter State
3000 Corporate Exchange Dr (cr)
Columbus OH 43231

American Credit Educators
2000 S Colords Blvd (cr)
Denver CO 80232

Ameritech SBC
PO Box 29670 (cr)
Chicago IL 60689

Bonhear Realty Services
654 E 43rd St 1A (cr)
Chicago IL 60653

Bonheur Realty Services Corporation (cr)

Cingular Wireless
PO Box 6428 (cr)
Carol Stream IL 60197-6428

ComEd Bill Payment Center (cr)
Chicago IL 60668

Encone
PO Box 330 (cr)
Olathe KS 66063-3330

I Q Tele Corp
3221 W 127th St (cr)
Blue Island 60406

IL Collection Services
PO Box 646 (cr)
Oak Lawn IL 60654-0646

Payment Processing
PO Box 790215 (cr)
St Louis MO 63179

People Gas
130 E Randolph Dr (cr)
Chicago IL 60601

Peoples Gas Light & Coke Co.

130 E Randolph Dr (cr)
Chicago IL 60601

Portfolio Recovery Associates, LLC

P O Box 41067 (cr)
Norfolk VA 23541

Sanford Kahn

180 N LaSalle St #2025 (cr)
Chicago IL 60601

Sanford Kahn

180 N LaSalle St (cr)
Chicago IL 60601

SBC Ameritech

P O Box 29670 (cr)
Chicago IL 60602

Tate and Karlin Associates

2810 South Hampton Rd (cr)
Philadelphia PA